Accommodating Students with Special Dietary Needs
Schools **must** make substitutions in the reimbursable meal for students who are disabled and whose disability restricts their diet
Federal Laws and Regulations

- USDA Non-discrimination - 7 CFR 15 b
- Section 504 of the Rehabilitation Act of 1973
- Americans with Disabilities Act (ADA)
- Individuals with Disabilities Education Act (IDEA, 2004)
USDA Regulations

- Establishes regulations for National School Lunch and Breakfast Programs
- Sets nondiscrimination regulations (7 CFR 15 b) which govern the NSLP and NSBP
- 7 CFR 15b requires accommodations, substitutions or modifications in school meals for students whose disabilities restrict their diets
Clear Mandate

Substitutions must be made for students unable to eat regular school meals because of their disabilities, when a licensed physician and Individualized Education Program (IEP) or 504 team certify the need.
Disability – 504 and ADA

Physical or mental impairment which substantially limits one or more major life activities:

- Caring for one's self
- **Eating**
- Performing manual tasks
- Walking
- Seeing
  - □ Hearing
  - □ Speaking
  - □ Breathing
  - □ Learning
  - □ Working
Disability - IDEA

One or more of the recognized disability categories as determined by the Individualized Education Program (IEP) team.
# IDEA Disability Categories

- Autism
- Deaf-blindness
- Deafness
- Emotional Disturbance
- Hearing impairments
- Intellectual disability
- Multiple disabilities
- Orthopedic impairments
- Other health impairments
- Specific learning disability
- Speech or language impairments
- Traumatic brain injury
- Visual impairments
# Side-by-Side: IDEA and 504

<table>
<thead>
<tr>
<th>IDEA</th>
<th>SECTION 504</th>
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<tr>
<td>Funding statute</td>
<td>Non-funding statute</td>
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<tr>
<td>Discrete categories of disabilities</td>
<td>Broadly defines disabled students</td>
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<tr>
<td>Procedural Due Process</td>
<td>Procedural Due Process</td>
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<tr>
<td>“Pure” Section 504 students are not covered under IDEA</td>
<td>All IDEA students are covered by Section 504</td>
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<tr>
<td>IEP’s reasonably calculated to convey educational benefit</td>
<td>Meet the needs of the disabled students as adequately as non-disabled</td>
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<tr>
<td>Child Find</td>
<td>Child Find</td>
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<td>Consent for Evaluation</td>
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## Side-by-Side: IDEA and 504

<table>
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<tr>
<td>Evaluation</td>
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<td>Eligibility-Adversely Affects</td>
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<td>Discipline-Manifestation</td>
<td>Discipline-Manifestation</td>
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</table>
Section 504 Plans and IEPs

- Section 504 eligibility is not a consolation prize for students who do not qualify for special education (Zirkel, P., Lehigh University)

- IDEA regulations do not allow a 504 plan to substitute for an Individualized Education Program (IEP) - The IDEA and its regulations set out specific requirements for the development and content of a student’s IEP (Letter to Morse, OSEP: 10-03-03)
Section 504 Resources

- Frequently Asked Questions About Section 504
  www2.ed.gov/about/offices/list/ocr/504faq.html

- Council of Educators for Students with Disabilities, Inc.
  www.uwsp.edu/education/pshaw/Portfolios/KIM%20MEISSEN/
  inetpub/SOEportfolio/504resources.html

- U.S. Equal Employment Opportunity Commission
  www.eeoc.gov

- Wrightslaw
  http://wrightslaw.com/

- LRP Publications
  LRP.com
FERPA

- Family Educational Rights and Privacy Act
- Is a law governing educational records
- Deals with a parent’s right to inspect, review and amend all educational records relating to their child
- Deals with confidentiality and disclosure of personally identifiable information
- Is enforced by the Family Policy Compliance Office, U.S. Department of Education
HIPAA

- Health Insurance Portability and Accountability Act
- Sets requirements for electronic health care transactions
- Protects privacy and security of individually identifiable health information
- Gives patients rights over their health information, including right to:
  - examine health records
  - obtain a copy of health records
  - request corrections
- Schools providing health care and submitting electronic claims to Medicaid must comply
Individualized Education Program (IEP)

A written description of supports and services for a student with a disability that is developed, reviewed, and revised in accordance with IDEA and N.C. Policies Governing Services for Children with Disabilities
IEP and Child Nutrition

When nutrition services and modifications are included in a student’s IEP, school officials need to make sure school food service staff are involved early and often in decisions regarding special meals. (USDA Guidance)
Requirements

- Students must be:
  - Safe
  - Healthy - adequately nourished and hydrated
  - Independent as possible during mealtime

- Special meals, at no additional cost, for students whose disability restricts their diet

- Documentation with accompanying instructions from a licensed physician
Medical Statement

Must identify:

☐ student's disability or medical condition

☐ explanation of why/how the disability or medical condition restricts the student’s diet

☐ major life activity affected

☐ food or foods to be omitted from the child's diet

☐ food or choice of foods that must be substituted
Recognized Medical Authority

- Physician
- Physician Assistant
- Nurse Practitioner
Liability Issues

In order to accommodate a student with a disability, both facilities and personnel must be adequate to provide necessary services:

- School's responsibility
  - providing program accommodations for students with disabilities

- Personal responsibility
  - competence to implement program
  - non-negligence
Adequate Personnel

Specially-trained personnel may be needed to guide staff when supporting the student during mealtime:

- Registered Dietitian
- Occupational Therapist
- Speech Language Pathologist
- Special Education Teacher
Special Meal Service

The Child Nutrition program is **not** required to provide meal services to students with disabilities when the meal service is not normally available to the general student body, unless a meal service is required under the student's Individualized Education Program (IEP) or 504 Plan.
Purchasing of Special Formulas and Medical Foods

- Cost is generally borne by the School Food Authority or Child Nutrition program

- Schools may not charge students with disabilities more than they charge other students for program meals or snacks
Who are these Students?
Impact of Mealtime Participation Deficits

- Malnutrition or weight loss
- Overweight or obesity
- Dehydration
- Choking or aspiration
- Fatigue
- Pneumonia
- Social isolation
- Environmental access issues
- Delays in learning routines
Issues Related to Special Diets

- Feeding problems
- Alterations in growth
- Medical disorders
- Food/nutrient modifications
- Hearing or visual impairments
- Drug/nutrient interactions
Conditions Often Related to Special Diets

- Diabetes
- Cerebral Palsy
- Autism
- Food Allergies
- Muscular Dystrophy
- PKU
- Intellectual Disabilities
Conditions Often Related to Special Diets

- Down Syndrome
- Obesity
- Celiac Disease
- Epilepsy
- Cystic Fibrosis
- Spina bifida
- Traumatic Brain Injury
Underlying Issues

- Oral motor incoordination and weakness (DYSPHAGIA)
- Limited oral sensory processing
- Behavioral factors
- Poor postural control
- Poor judgment
- Metabolic disorders
- Allergic reaction/discomfort following ingestion
Common Food Allergies

- Peanuts and other nuts
- Seafood, including shell fish
- Milk, particularly cow’s milk (and milk products)
- Eggs
- Wheat, Oats, Barley, Rye
- Soy
Allergy

- Food allergy or intolerance does not automatically qualify as a disability

- Child Nutrition program may, but is not required to, make food substitutions for allergies

- Allergies resulting in severe anaphylactic reaction meet definition of disability:
  - Food substitutions **must** be made
  - Requires physician statement
Emergency Treatment for Severe Allergic Condition (Anaphylaxis)

- Physician’s order required to administer either non-prescription antihistamine or prescription epinephrine

- Other school staff, in addition to school nurse, should be trained in administration of emergency medications
  - Principal designates other school staff
  - School nurse delegates physician order
  - School nurse trains and provides oversight of school staff on a regular basis
Quick-Acting Epinephrine

- Injectable epinephrine
  - EpiPen and EpiPen Jr.
  - Adrenaclick
  - Twinject
Swallowing

- Requires coordination of 25 muscles and 5 cranial nerves — not so simple

- 4 phases:
  - Oral preparation
  - Oral transit
  - Pharyngeal transit
  - Esophageal transit
Oral Sensory Processing

- May affect food variety, texture, and temperature choices

- Can have an impact on oral motor output

- May impact neatness during mealtime
Dysphagia

- Difficulty or inability to chew or swallow
- Usually caused by disease or injury to nerves and/or muscles used for chewing or swallowing
- Can lead to silent aspiration (food or liquid in airway and/or lungs)
- Aspiration can occur before, during, or after swallowing
- 60% of pneumonia deaths are related to aspiration
Warning Signs and Precautions

☐ Collection of food in mouth
☐ Tongue protrusion forcing food out
☐ Excessive or poor tongue movement
☐ Coughing or choking
☐ Drooling
☐ Watery eyes

☐ Regurgitating food
☐ Prolonged eating time
☐ Gurgly voice or increased secretions at end of meal
☐ Resistance to eating
☐ Recurrent pneumonia
☐ Weight loss or failure to thrive
☐ Fatigue
Equipment and Training

- Adaptive utensils and dishes
- Positioning equipment
- Personal hygiene supplies
- Oral stimulation devices
- NSF approved food processors and blenders
- Tube feeding supplies
Typical School-based Interventions

- Change posture
- Change sensory input
- Provide adaptive equipment
- Modify volume and speed of food presentation
- Provide prescribed food/liquid consistency or viscosity
- Introduce intraoral prosthesis

Logemann, 1998
Techniques to Improve Sensory Awareness

- Increase downward pressure of spoon on tongue
- Presenting sour bolus (lemon juice)
- Presenting cold bolus
- Presentation bolus requiring chewing
- Presenting larger bolus (3 ml or more)
- Thermal-tactile stimulation (cold stimulation)

Logemann, 1998
Modifying Volume and Speed of Food Presentation

- Larger bolus may trigger aspiration in some
- Smaller boluses and slower rate of presentation may eliminate aspiration in some

Logemann, 1998
Intraoral Prosthetics

- Palatal lift
- Palatal obturator
- Palatal augmentation
- Palatal reshaping prosthesis

Logemann, 1998
Big Picture Goals

- Food preparation
- Positioning
- Time allotted for eating
- Eating with peers
- Communication/socialization during meal time
- Create typical situations as much as possible
Speech Language Pathologists

- Work as members of mealtime teams
- Work on educationally-relevant, student-specific skills in the oral preparatory phase (usually non-eating tasks)
- Do not typically feed students
Responsibility if Swallowing Problem is Suspected

- Follow physician orders in collaboration with family and team
- Provide input to team and physician after obtaining permission to release information
- If dysphagia or aspiration are suspected, collaborate with family for physician visit
- If parent refuses medical assessment of swallowing, request family feed student at school
- School MUST do what is in the best interest of student’s safety at all times
Examples of Other Food Accommodations

- Texture modification
- Tube feeding
- IV
Modified Food Textures

- May be required for documented feeding issues
- Texture prescribed by recognized medical authority
- School understands food modification order
- School is ready and able to prepare modified textures
- Environmental Health (EH) rules prohibit food preparation in the classroom
Requirements for Modified Food Textures

- Nutrient-dense
- Served in an appetizing way
- Handled according to CN safety guidelines, using proper:
  - Equipment
  - Preparation and holding techniques
Proposed Language for Texture Modifications - LIQUID

- THIN
- NECTAR-LIKE
- HONEY-LIKE
- SPOON THICK
Proposed Language for Texture Modifications - FOOD

- Clear liquid
- Full liquid
- Blenderized liquid
- Pureed
- Mechanical soft
Clear Liquid Examples
Full Liquid Examples
Blenderized Liquid Examples
Pureed Examples
Mechanical Soft Examples
Food Safety

According to the Centers for Disease Control and Prevention...

- 76 million persons get sick
- 325,000 are hospitalized
- 5,000 die

... from foodborne infection and illness in the United States each year.
What Causes Foodborne Illness?

- Food from unsafe sources
- Inadequate cooking
- Improper holding temperatures
- Contaminated equipment
- Poor personal hygiene of food handlers
HACCP

Hazard Analysis Critical Control Points

- An internal check system specific to each cafeteria kitchen and classroom
- A method of identifying critical control points (CCP’s) for preventing foodborne illness
What is HACCP?

- Standardized food safety plan to prevent foodborne illness
- Systematic program designed to reduce risk of foodborne hazards by focusing on each step of the food preparation process-- from receiving to service
- Specifically, it is:
  - science-based
  - operation specific
  - practical
Who is at Risk?

- Infants
- Preschool age children
- Pregnant women
- Elderly – 65 years and older
- Immunocompromised
- Individuals taking specific medications
Highly Susceptible Populations

- Immunocompromised
- Preschool age children
- Students with disabilities
- Older adults
- Obtaining food at a facility:
  - Child or adult day care center
  - Senior center
  - Health care or assisted living center

- Most Child Nutrition Services do not serve highly susceptible populations...EXCEPT: facilities serving students with disabilities — for these facilities, additional safeguards MUST be in place
Additional Requirements for Highly Susceptible Populations

- Regulations prohibit food preparation in areas that do not have a food handling permit (i.e., classroom)

- Special considerations for:
  - Juice
  - Pasteurized eggs or egg products
  - Ready-to-eat foods
  - Tube feedings
Juice

- Fresh squeezed juice cannot be served

- All juice must be prepackaged and pasteurized or in a commercially sterile, shelf-stable form in a hermetically sealed container

- Juice prepared from concentrate using safe, potable water allowable as long as safe food handling practices are followed according to HACCP plan
Pasteurized Eggs or Egg Products

- Substitute pasteurized eggs or egg products for raw eggs when making recipes calling for lightly cooked eggs.

- All eggs and egg dishes must be cooked to at least 145 degrees F or hotter for immediate service or 155 degrees if hot held.

- Eggs remain a major source of salmonella infections.

- Raw eggs must come from a permitted supplier.
Ready-to-Eat Foods

Do **NOT** serve:

- Raw animal foods
  - raw fish or shellfish
  - raw, marinated fish
  - steak tartare

- Partially cooked animal foods
  - lightly cooked fish
  - rare meat
  - soft cooked eggs from raw eggs
  - meringues

- Raw, unpasteurized milk or products made from it
- Raw seed sprouts
Tube Feedings

- Tube feedings are administered by competent nurse, therapist, or educator assigned by school.
- Child Nutrition personnel do not administer tube feedings.
- Provision of formula is responsibility of either parent or school.
- If refrigeration of formula is required, school must provide appropriate refrigeration.
Food Preparation for Highly Susceptible Populations

Food must be prepared under a HACCP plan that:

- Prohibits bare hand contact with Ready-to-Eat Foods
- Ensures *salmonella enteritidis* is controlled before and after cooking
- Controls cross-contamination of RTE foods and raw eggs
- Delineates cleaning and sanitizing procedures for food contact surfaces
- Describes proper procedure training program for food service staff
Critical Control Points

- Handwashing frequent and proper
- Proper use of disposable gloves
- Personal hygiene
- Proper cleaning and sanitation procedures
- Proper food handling procedures throughout flow of food
- No leftovers or advanced preparation of potentially hazardous foods
- Use only commercially prepared formulas for tube feedings - no foods prepared in the school cafeteria kitchen may be used
- All equipment (food processors, blenders, etc.) and utensils must be NSF approved
- Food safety knowledge and skills - priority!
- Providing safe, healthy food in an appropriate and acceptable manner - priority!
- It takes teamwork and it takes you!
Who Supports Students with Feeding Issues at School?
# Community and School Roles

<table>
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<th>Community</th>
<th>School</th>
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<tr>
<td>❑ Focus on components of feeding</td>
<td>❑ Focus on mealtime participation</td>
</tr>
<tr>
<td>❑ Extensive medical resources</td>
<td>❑ Sustenance for learning</td>
</tr>
<tr>
<td>❑ Plan design</td>
<td>❑ Plan implementation</td>
</tr>
</tbody>
</table>
Families

- Share knowledge about student’s condition
- Supply required documentation and history
- Share beliefs and values related to food and mealtime
- Train staff in home procedures
- Implement strategies and addresses mealtime goals at home
- May supply:
  - Medical supplies and equipment
  - Nutritional supplements or special food
Child Nutrition Staff

- Access needed equipment and training
- Maintain consistency in preparation
- Adhere to and teach safe food handling procedures
- Match modified meals to regular menu
Instructional Staff

- Implements mealtime plan
- Documents and communicates student status
- Coordinates personnel needed for mealtime
- Ensures safe mealtime environment
- Request training and assistance
- Creates mealtime routines
Speech Language Pathologist

- Provides screening and modification
- Suggests helpful medical studies (e.g., MBSS)
- Works with community providers and family to monitor student's mealtime plan
- Trains school-based personnel and parent/guardian
- May serve as liaison between school and community providers
- Encourages communication and helps design as “normal” a mealtime environment as possible
- May act as school-based hub of team activities
Occupational Therapist

- Coordinates “big picture” approach to mealtime
- Assesses and designs mealtime routines
- Selects adaptive equipment
- Modifies environment
- Addresses mechanics of plate-to-mouth feeding
- Addresses sensory deficits limiting mealtime participation
School Nurse

- Monitors student’s health, weight, and overall nutrition status
- Coordinates acquisition of physician statement for food adaptations
- Troubleshoots issues related to tracheostomies, feeding tubes, ventilators, etc.
- Writes the IHP
- Serves as liaison between family, community health providers, and school
- Provides training for school staff, student, and peers
Administrative Responsibility for School Nursing Services
July 2009

Source: NC Annual Survey of School Health Services, NC DHHS August 2009
School Nurse/Student Ratio SY 2008 - 2009

Note: The standard school nurse to student ratio of 1:750 has been adopted by the N.C. Public Health Task Force, the N.C. Department of Public Instruction and the N.C. Division of Public Health and is based on recommendations made by the American Academy of Pediatrics, the Centers for Disease Control and Prevention, and the National Association of School Nurses.

Source: NC Annual Survey of School Health Services NC DHHS
Adequate nutrition is essential in the health and learning of all students.

Health and learning are important for all students regardless of disability or any other special needs.
North Carolina Resources

- Medical Statement for Students with Special Nutritional Needs
  http://dpi.state.nc.us/childnutrition/publications/special-diet

- Exceptional Children, N.C. Department of Public Instruction
  www.ncpublicschools.org/ec

- N.C. Healthy Schools, N.C. Department of Public Instruction and
  N.C. Department of Health and Human Services
  www.nchealthyschools.org

- N.C. Division of Public Health
  www.ncpublichealth.com

- N.C. Dietetic Association
  www.eatrightnc.org